

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1809 - 62-007763
STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

AMENDED

FILED FEB 23 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN ST. LOUIS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION LUTHERAN HOSPITALInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Inside Limits

c. CITY OR TOWN

ST. LOUIS

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

2661 IOWA AVE

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MARVIN

BEQUETTE

4. DATE OF DEATH

Month

Day

Year

FEB 10 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

OCT 8 1903

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PLUMBERS HELPER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MISSOURI

12. CITIZEN OF WHAT COUNTRY

U-S-A.

13a. FATHER'S NAME

LEW BEQUETTE

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

FLORA BEQUETTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

FLORA BEQUETTE 2661 IOWA AVE

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HEPATIC ABSCESS

INTERVAL BETWEEN ONSET AND DEATH

1 MONTH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CIRRHOSIS LIVER

SEVERAL MONTHS

DUE TO (c)

5810

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

SUBDIAPHRAGMATIC ABSCESS EMPYEMA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9/12/61

430A

to 2/10/62

and last saw him alive on 2/9/62

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ebert H. Cason, M.D.

22b. ADDRESS

4401 HAMPTON AVE

22c. DATE SIGNED

2/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

REMOVAL FEB 13 1962

ST. TRINITY LUTHERAN

ST. LOUIS

CO. MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thomas Kutis 2906 Gravois

FEB 12 1962

Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Krauss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.